

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

002489. P036
10/047754

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	32
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	32 minus 20 = 12
INDEPENDENT CLAIMS	6 minus 3 = 3
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

SMALL ENTITY
TYPE

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9-		OR X\$18-	216
X42-		OR X84-	252
+140-		OR +280-	
TOTAL		OR TOTAL	1208

* If the difference in column 1 is less than zero, enter "0" in column 2

IFN AND
G-13-0

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	36
Independent	7	Minus	7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9-	<input checked="" type="checkbox"/>	OR X\$18-	<input checked="" type="checkbox"/>
X42-	<input checked="" type="checkbox"/>	OR X84-	<input checked="" type="checkbox"/>
+140-	<input checked="" type="checkbox"/>	OR +280-	<input checked="" type="checkbox"/>
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

6/17/05

(Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	36
Independent	7	Minus	7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9-	<input checked="" type="checkbox"/>	OR X\$18-	<input checked="" type="checkbox"/>
X42-	<input checked="" type="checkbox"/>	OR X84-	<input checked="" type="checkbox"/>
+140-	<input checked="" type="checkbox"/>	OR +280-	<input checked="" type="checkbox"/>
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

12/22/05

(Column 1)

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	23	Minus	-
Independent	4	Minus	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9-	<input checked="" type="checkbox"/>	OR X\$18-	<input checked="" type="checkbox"/>
X42-	<input checked="" type="checkbox"/>	OR X84-	<input checked="" type="checkbox"/>
+140-	<input checked="" type="checkbox"/>	OR +280-	<input checked="" type="checkbox"/>
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.